

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Overview

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is a federal program enacted into law through an amendment to Title V of the Social Security Act and authorized by the Patient Protection and Affordable Care Act in March 2010. This legislation authorized the U.S. Department of Health and Human Services to make grants to States and Tribes to implement evidence-based early childhood home visiting programs to the sum of \$1.5 billion over five years to support home visiting services for expecting parents, new parents, caregivers, and their children through 5 years of age.

What is Home Visiting?

Home visiting is a service offered in-home to support positive parenting, nurturing homes, and child development. Families voluntarily participate in in-home visits with a trained home visitor. Most often, home visiting programs serve pregnant women, fathers, caregivers, and their children birth through 5 years of age. Most families participate in home visiting for one to three years. Many scientific studies have shown positive impacts of home visiting for children and families.

In a 2010 report published by Pew Charitable Trust, high-quality home visiting programs have been proven to:

- Decrease the incidence of low weight births by nearly half, yielding cost savings between \$28,000 and \$40,000 for each low weight birth averted;
- Reduce incidence of child abuse and neglect by almost half; and
- Increase children's critical pre-literacy skills and improved achievement test scores later on.

In another report, authors synthesize home visiting research conducted over years and suggest that quality home visiting programs lay the foundation for children's healthy development and are a sound investment because many costly social concerns—school failures, child abuse, and the use of social services—are prevented.

What are MIECHV's Goals?

1. Improve prenatal, maternal, and newborn health, including improved pregnancy outcomes.
2. Improve child health and development, including the prevention of child injuries and maltreatment, and improvements in cognitive, language, social-emotional, and physical developmental indicators.
3. Improve parenting skills.
4. Improve school readiness and child academic achievement.
5. Reduce crime or domestic violence.
6. Improve family economic self-sufficiency.
7. Improve the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training.

Who Does MIECHV Serve?

Outlined in the MIECHV legislation, the following eligible and priority populations to receive voluntary home visiting services include pregnant women, infants, young children birth through five years old, and their families. Most states home visiting programs further define program eligibility to participate in their home visiting programs. Legislation outlines populations for which MIECHV programs should provide priority enrollment.

MIECHV's priority populations include:

1. Low-income eligible families.
2. Eligible families who are pregnant women who have not attained age 21.
3. Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services.
4. Eligible families that have a history of substance abuse or need substance abuse treatment.
5. Eligible families that have users of tobacco products in the home.
6. Eligible families that are or have children with low student achievement.
7. Eligible families with children with developmental delays or disabilities.
8. Eligible families that include individuals serving or who have formerly served in the Armed Forces, including such families with members of the Armed Forces who have had multiple deployments outside of the United States.

Idaho MIECHV Home Visiting Models



Parents as Teachers - The goal of the Parents as Teachers (PAT) program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families. Parent educators conduct the home visits using structured visit plans and guided planning tools.



Early Head Start - Early Head Start (EHS) targets low-income pregnant women and families with children from birth through age 3, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The program provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home and center-based programs, and family childcare services (services provided in family childcare homes).



Nurse Family Partnership - The Nurse-Family Partnership (NFP) is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health registered nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns 2 years old. NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.

Information and Resources

Refer to the following websites for additional information:

- Idaho Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program – www.homevisiting.dhw.idaho.gov
- HRSA Maternal, Infant and Early Childhood Home Visiting - <http://mchb.hrsa.gov/programs/homevisiting/>
- Home Visiting Evidence of Effectiveness – <http://homvee.acf.hhs.gov/Models.aspx>